

JUN 01 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/830,306	
	Filing Date	04-25-2001	
	First Named Inventor	DAVID JOHN BENJAMIN PEARCE	
	Art Unit	2855	
	Examiner Name	WOZNIAK, JAMES S.	
Total Number of Pages in this Submission	14	Attorney Docket Number	CM00620P
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies	
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> RCE	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Lawrence J. Chapa	Registration No.	39,135
Signature	<i>Lawrence Chapa</i>		
Date	June 1, 2006		
CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	June Edwards		
Signature	<i>June Edwards</i>	Date	June 1, 2006